

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

13552

85-3

1. PLACE OF DEATH

County Platte
Township Parkville
City Parkville (No. 4417)

Registration District No. 695
Primary Registration District No. 5422

File No. 85-3
Registered No. 11
St. Mo. Ward

2. FULL NAME

John Alexander

(a) Residence, No. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Married Ann Alexander

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 15, 1883

7. AGE YEARS 18 MONTHS 5 DAYS If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) April 14, 1932
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fleming Ky Co

13. NAME John Alexander

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fleming Ky Co

15. MAIDEN NAME Mary Elizabeth Alexander

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fleming Ky Co

17. INFORMANT (ADDRESS) Fannie Jones
10 Astorville Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lincoln DATE April 17, 1932

19. UNDERTAKER (ADDRESS) Mrs. H. S. Voland
Parkville Missouri

20. FILED 4/17 1932 J. H. Winters
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 15, 1932 to Apr 16, 1932

I last saw him alive on Apr 15, 1932 Death is said to have occurred on the date stated above, at 2 A. M.

The principal cause of death and related causes of importance were as follows:
Date of onset

Suicide by drinking
corrosive acid
and Chloroform
163-163

Other contributory causes of importance:
163-163

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? suicide Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) S. P. Ford, M. D.

(Address) Parkville Mo.

MAY 26 1932

